

NJ Division of Revenue
Request For Authorization To Report Form WR-30 Magnetically

Please print or type

| | |
|-----------------------------|--|
| SECTION I - Employer | |
| FEIN | |
| Company | |
| Address | |

| | |
|--|--|
| SECTION II. – Submitter (If Other Than Above) | |
| FEIN | |
| Company | |
| Address | |

| | |
|--------------------------------------|--|
| SECTION III. – Contact Person | |
| Name | |
| Title | |
| Address | |
| Telephone | |
| Fax | |

| | |
|--|---|
| SECTION IV. - Media Type you will be using: | |
| Diskette 3 1/2" <input type="checkbox"/> | Tape - 9 Channel EBCDIC <input type="checkbox"/> |
| | Cartridge - 3480 or 3490 <input type="checkbox"/> |

Note the following media are not accepted:

Diskette 8"

Cartridge - 8mm

Diskette 5 1/4"

Diskettes must be IBM compatible

Fax completed form to: (609) 292-1777 or (609) 633-6706

Or mail completed form to: NJ Division of Revenue

PO Box 256

Trenton, NJ 08646-0256

Questions? Call (609) 984-7988 or (609) 633-2633

Or visit our web site at 'www.state.nj.us/treasury/revenue'